

Fill in this Information to identify the case:

Debtor 1 Jeffrey Todd Grace
 First Name Middle Name Last Name

Debtor 2 Amy Louise Grace
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania
 (State)

Case number: 15-24009

RECEIVED

OCT 24 2023

CLERK, U.S. BANKRUPTCY COURT
WEST DIST OF PENNSYLVANIA**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount: \$2252.32

Claimant's Name: The Bureaus Inc

Claimant's Current Mailing Address, Telephone Number, and Email Address:
 650 Dundee Rd., Suite 370
 Northbrook, IL 60062
 Phone: 630-282-5755
 Email: rmajewski@thebureausinc.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Western District of Pennsylvania

Joseph F. Weis, Jr. U.S. Courthouse
700 Grant Street, Suite 4000
Pittsburgh, PA 15219

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 10-12-2023

Ronni Majewski
Signature of Applicant

Ronni Majewski
Printed Name of Applicant

650 Dundee Rd., Suite 370
Address: Northbrook, IL 60062

Telephone: 630-282-5755

Email: rmajewski@thebureausinc.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF IL
COUNTY OF COOK

This Application for Unclaimed Funds, dated OCT 13, 2023 was subscribed and sworn to before me this 12th day of OCTOBER, 20 23 by

RONNI MAJEWSKI

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public [Signature]

My commission expires:

12/4/25

6. Notarization

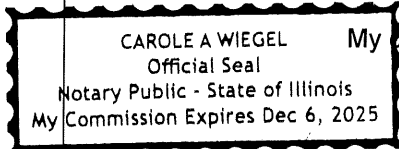
STATE OF _____
COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20 _____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires:



CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required documentation was mailed to:

Office of the U.S. Attorney
Western District of Pennsylvania
Joseph F. Weis, Jr. U.S. Courthouse
700 Grant Street, Suite 4000
Pittsburgh, PA 15219

Names and addresses of all other parties served:

Date: 10-12-2023

Ronni Majewski
(Signature)

Ronni Majewski
(Name Printed)

650 Dundee Rd., Suite 370
(Street or P O Box Address)

Northbrook
(City)

IL
(State)

60062
(Zip Code)

DISMISSAL_VACATED, RELCAS, DISCHARGED, CLOSED

**U.S. Bankruptcy Court
WESTERN DISTRICT OF PENNSYLVANIA (Pittsburgh)
Bankruptcy Petition #: 15-24009-GLT**

Assigned to: Chief Bankruptcy Jud Gregory L Taddonio
Chapter 13
Voluntary
Asset

Date filed: 11/01/2015
Date terminated: 07/05/2023
Debtor discharged: 06/12/2023
Joint debtor discharged: 06/12/2023
Plan confirmed: 07/19/2021
341 meeting: 01/04/2016

Debtor disposition: Standard Discharge
Joint debtor disposition: Standard Discharge

Debtor

Jeffrey Todd Grace
16 Barclay Street
Greensburg, PA 15601
WESTMORELAND-PA
SSN / ITIN: xxx-xx-5532

represented by **David A. Colecchia**
Law Care
324 South Maple Avenue
Greensburg, PA 15601-3219
724-837-2320
Fax : 724-837-0602
Email: colecchia542@comcast.net

Joint Debtor

Amy Louise Grace
16 Barclay Street
Greensburg, PA 15601
WESTMORELAND-PA
SSN / ITIN: xxx-xx-0240

represented by **David A. Colecchia**
(See above for address)

Trustee

Ronda J. Winnecour
Suite 3250, USX Tower
600 Grant Street
Pittsburgh, PA 15219
412-471-5566

U.S. Trustee

Office of the United States Trustee
Liberty Center.
1001 Liberty Avenue, Suite 970
Pittsburgh, PA 15222
412-644-4756

Filing Date	#	Docket Text
11/01/2015	<u>1</u> (7 pgs)	Chapter 13 Voluntary Petition . Fee Amount \$310 Filed by Jeffrey Todd Grace, Amy Louise Grace Government Proof of Claim due by 04/29/2016. Chapter 13 Plan due 11/16/2015. Declaration Re: Electronic Filing due 11/16/2015. Atty Disclosure Statement due 11/16/2015. Declaration of

		03/07/2023)
03/08/2023	<u>288</u> (4 pgs)	BNC Certificate of Mailing - PDF Document. (RE: related document(s): <u>286</u> Order on Application for Compensation). Notice Date 03/08/2023. (Admin.) (Entered: 03/09/2023)
03/09/2023	<u>289</u> (1 pg)	Hearing Held on 3/8/2023 (RE: related document(s): <u>275</u> Motion to Dismiss Case filed by Trustee Ronda J. Winnecour). Text Order to issue. (culy) (Entered: 03/09/2023)
03/09/2023	<u>290</u>	TEXT ORDER: On 3/8/2023 a Hearing was held on the Trustee's Motion to Dismiss Case [Dkt. No. 275] and the Response filed by Debtor [Dkt. No. 279] And Now, this 9th Day of March, 2023 it is hereby Ordered that: For the reasons stated on the record, the Motion to Dismiss [Dkt. No. 275] is DENIED as Withdrawn. This text-only entry constitutes the Court's order and notice on this matter. Judge Taddonio signed on 3/9/2023. (Related Doc # <u>275</u>) Signed on 3/9/2023. (Basinski, Douglas) (Entered: 03/09/2023)
03/29/2023	<u>291</u>	Transmittal of Unclaimed Funds/Dividends under \$5.00. Fee Amount: \$2252.32. Check Number: 1263497. for <i>BUREAUS INVESTMENT GROUP PORTFOLIO NO 15 LLC++ C/O RECOVERY MGMNT SYST CORP 25 SE 2ND AVE STE 1120 MIAMI FL 33131-1605, BAD ADDRESS, Unclaimed Funds</i> Filed by Ronda J. Winnecour. (Winnecour, Ronda) (Entered: 03/29/2023)
03/29/2023	<u>292</u>	Receipt of Trustee Transmittal of Unclaimed Funds/Dividends under 5.00 (Chapter 13)(<u>15-24009-GLT</u>) [trustee,trsucfnd] (2252.32) filing fee. Receipt number A16269645, amount \$2252.32. (U.S. Treasury) (Entered: 03/29/2023)
04/05/2023	<u>293</u> (4 pgs)	Notice of Final Cure Mortgage Payment re: Rule 3002.1 and Claim Number 10-2. Filed by Trustee Ronda J. Winnecour (Winnecour, Ronda) (Entered: 04/05/2023)
04/14/2023	<u>294</u> (1 pg)	Declaration Re: Notice of Mortgage Payment Change Claim Number 10. This is not an omnibus declaration. (The Declaration reflects a response other than the current plan is sufficient to accommodate the plan change.) Filed by Joint Debtor Amy Louise Grace, Debtor Jeffrey Todd Grace (Colecchia, David) (Entered: 04/14/2023)
04/25/2023	<u>295</u> (7 pgs; 2 docs)	Trustee's Motion for Approval of Report of Receipts and Disbursements - Plan Completed. Filed by Ronda J. Winnecour. (Winnecour, Ronda) (Entered: 04/25/2023)
04/25/2023	<u>296</u> (3 pgs; 2 docs)	Order Setting Hearing on (RE: related document(s): <u>295</u> Chapter 13 Trustee's Motion for Approval of Report of Receipts and Disbursements - Plan Completed filed by Trustee Ronda J. Winnecour). Hearing scheduled for 6/28/2023 at 11:00 AM via p01 Courtroom A, 54th Floor, U.S. Steel Tower, Pittsburgh. Responses due by 6/9/2023. If either the Debtor's Certificate of Discharge Eligibility or Certificate of Financial Management are not timely filed, once the Motion is approved, without further notice or hearing, the case is SUBJECT TO CLOSURE WITHOUT A DISCHARGE. (Basinski, Douglas). (Entered: 04/25/2023)
04/25/2023	<u>297</u> (2 pgs; 2 docs)	Status Conference Re: Why The Debtor Failed To File Certification(s) Required For Discharge (RE: related document(s): <u>295</u> Chapter 13

Fill in this information to identify the case:

Debtor 1 JEFFREY T GRACE

Debtor 2 AMY L GRACE
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Pennsylvania
(State)

Case number 15-24009-GLT

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Bureaus Investment Group Portfolio No 15 LLC Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>CAPITAL ONE RETAIL CARD SERVICES, INC.</u>	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>Capital One Retail</u>	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Bureaus Investment Group Portfolio No 15 LLC <u>c/o Recovery Management Systems Corp</u> Name <u>25 SE 2nd Avenue Suite 1120</u> Number Street <u>Miami</u> <u>FL</u> <u>33131-1605</u> City State ZIP Code Contact phone <u>(305) 379-7674</u> Contact email <u>claims@recoverycorp.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>7</u> <u>9</u> <u>8</u> <u>7</u>
7. How much is the claim?	\$ <u>2,252.32</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Credit Card</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?☒ No☐ Yes. Check all that apply:**Amount entitled to priority**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.☒ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/24/2015
MM / DD / YYYY

/s/ Harvey Poch

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Harvey Poch</u>		
	First name	Middle name	Last name
Title	<u>Bankruptcy Clerk</u>		
Company	<u>Recovery Management Systems Corporation</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>25 SE 2nd Avenue Suite 1120</u>		
	Number	Street	
	<u>Miami</u>	FL	<u>33131-1605</u>
	City	State	ZIP Code
Contact phone	<u>(305) 379-7674</u>	Email	<u>claims@recoverycorp.com</u>

Bankruptcy Rule 3001(c)(2)(A) Statement*

Itemize the interest, fees, expenses, and charges incurred before the petition date.**

Description	Amount
1. Principal	(1) <u>\$1,973.90</u>
2. Interest	(2) <u>\$278.42</u>
3. Fees	(3) <u>\$0.00</u>
4. Expenses	(4) <u>\$0.00</u>
5. Charges	(5) <u>\$0.00</u>
6. Total prepetition principal, interest, fees, expenses, and charges. Add all of the amounts listed above.	(6) <u>\$2,252.32</u>

Bankruptcy Rule 3001(c)(3)(A) Statement*

Description	Response
1. Name of the entity from whom the creditor purchased the account	(1) Capital One Retail
2. Name of the entity to whom the debt was owed at the time of the account holder's last transaction on the account	(2) Unable to determine.(Original creditor is CAPITAL ONE RETAIL CARD SERVICES, INC.)
3. Date of the account holder's last transaction	(3) 10/18/2012
4. Date of the Last Payment on the Account	(4) 12/26/2012
5. Date on which the account was charged to profit and loss	(5) 7/31/2013

Obligor(s):

AMY L GRACE

In the September 2010 Committee on Rules of Practice and Procedure Report to the Judicial Conference of the United States, the Committee acknowledged that "under federal record retention policies for financial institutions, credit card records generally need to be retained for only two (2) years. Furthermore, account information is usually stored in an electronic format, and it may not be practicable to reproduce a duplicate of an account statement."

* The claimant expressly reserves its right to amend or supplement this statement and/or the proof of claim to which it attaches in any respect.

** All information concerning this account is based on records and documentation provided by Bureaus Investment Group Portfolio No 15 LLC to Recovery Management Systems Corporation. To request additional information or documentation with respect to the statement and/or proof of claim to which it attaches, please contact a claim specialist at (305) 379-7674 or at claims@recoverycorp.com. Some documents may no longer be available, or may have been lost or destroyed.